

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. 318

SL 32620

Primary Registration District No. 1003

Registrar's No.

13003

STATE FILE NUMBER

63-050054

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 9 1964

Primary Registration District No.

Registrar's No.

13003

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis Co. | |
| Length of stay in 1b 12 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL | | d. STREET ADDRESS (If outside, give location) 3300 Carson Road | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last RUDOLPH C. WAGNER | | Month Day Year December 29 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/25/94 |
| 9. AGE (last birthday) 69 | 10. KIND OF BUSINESS OR INDUSTRY Loughwood Co. | | 11. BIRTHPLACE (City and state and country) Carrollton, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. MOTHER'S MAIDEN NAME Fredereka (Sauer) | |
| 14. NAME OF HUSBAND OR WIFE Estel J. Wagner | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1 | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address 8 Estel J. Wagner (Wife), 3300 Carson Rd. | |
| 18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) 4201 | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. attended the deceased from 12/17/63 to 12/29/63 and last saw him alive on 12/29/63 | | Death occurred at 3:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) GEO. R. SAHA M. D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | |
| 22c. DATE SIGNED 12/29/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/31/63 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cemetery | 23d. LOCATION (City, town, or county) St. Louis Co. Mo |
| 24. FUNERAL DIRECTOR Robert D. Kinealy, 2228 St. Louis Av. | | 25. DATE RECD. BY LOCAL REG. DEC 30 1963 | |
| 26. REGISTRAR'S SIGNATURE Paul Smith M.D. | | | |

USE BLACK INK

OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. San Jr.

Licensed Embalmer No. 4806

P. O. Address Richwood 22, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.